

AUTO CR - LOG SUMMARY #1073274

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers stopped the subject because he was driving a stolen vehicle. The subject fled from the vehicle and the officers chased him. Officer Smith deployed his Taser during the foot chase, causing the subject to fall to the ground. The subject tensed and flailed his arms to prevent the officers from handcuffing him, but they were able to gain control of him and place him into custody.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	[REDACTED]	895	[REDACTED]	006 / 212	SERGEANT OF POLICE	M	W/H		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
07-JAN-2015 07:47 - 07-JAN-2015 07:47	[REDACTED]	0712	007	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	
CPD Employee	Involved Member	SMITH, TERRY H	20836	[REDACTED]	007 / 212	POLICE OFFICER	M	W/H	[REDACTED]	
CPD Employee	Witness	SPAIN, PETER N	5434	[REDACTED]	007 / 212	POLICE OFFICER	M	S		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-JAN-2015 11:01	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-JAN-2015 11:01	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	23-JAN-2015 07:58	OLVERA, MARIA	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	23-JAN-2015 07:21	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	21-JAN-2015 09:41	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Emailed Lt. Betz for Taser download.
PRELIMINARY	16-JAN-2015 08:54	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	16-JAN-2015 08:50	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Emailed Sgt. Walsh for Taser download.
PRELIMINARY	08-JAN-2015 08:43	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	08-JAN-2015 01:14	CHIBE, JOHN	POLICE OFFICER	116 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHIBE, JOHN	08-JAN-2015 01:14			
	DOCUMENTS - INTAKE INCIDENT		5	[REDACTED]	N	HAYES, SHANNON	08-JAN-2015 08:42	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Terry Smith	N	HAYES, SHANNON	08-JAN-2015 08:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Peter Spain	N	HAYES, SHANNON	08-JAN-2015 08:42	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	[REDACTED] Motor Vehicle Theft - Automobile	N	HAYES, SHANNON	16-JAN-2015 08:53	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	HAYES, SHANNON	23-JAN-2015 07:21	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 08-JAN-2015) - LOG #1073274

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	895	[REDACTED]	006 / 212	SERGEANT OF POLICE	M	WHI		

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Incident Details

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Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	08-JAN-2015 01:14	CHIBE, JOHN	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-JAN-2015 11:01	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	08-JAN-2015 08:43	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	08-JAN-2015 01 14	CHIBE, JOHN	POLICE OFFICER	116 /	

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 07-JAN-2015		TIME 19:47:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 303		4 BEAT/OCCUR 0712		
MEMBER INVOLVED DNA SUBJECT INFORMATION	5 POSITION 9161	6 LAST NAME [REDACTED]	7 FIRST NAME [REDACTED]	8 STAR NO 5387	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE [REDACTED]	12 HT 602	13 WT 210			
	14 DATE OF APPT 31-JUL-2006	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 007 4214E	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20 LAST NAME [REDACTED]	21 FIRST NAME [REDACTED]	22 MI D	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 D O B [REDACTED]	26 HT 506	27 WT 140				
	28 ADDRESS : [REDACTED]	29 TELEPHONE NO [REDACTED]	30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34 BY WHOM? [REDACTED]	35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36 CHARGES PLACED 520 ILCS 5.0/1.22, 625 ILCS 5.0/4-103-A-1	37 CB NO [REDACTED]	IR NO [REDACTED]	DNA					
	38 DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE		
	REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
		MEMBER'S RESPONSE		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Displayed) OTHER _____		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) IMPACT MUNITION (Describe in Box 40) OTHER _____		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)		FIREARM <input type="checkbox"/> OTHER _____		
		39 DNA	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]					40 ADDITIONAL INFORMATION				
		POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]						
41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN			04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS SNOW			
49 TASER DART ID NO 062004WTO		50 WEAPON SERIAL NO (Include Letters) ZZX3005TC			51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]			
54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]			56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]			
59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			61 NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]			62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)			
63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]			65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]						67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT						
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN						69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]						
70 CASE INFO NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT /DIST OF OCCUR <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report												
71 SIGNATURES 72 REPORTING MEMBER (Print Name) SMITH, TERRY H 07-JAN-2015 23:54:32 Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below												
73 REVIEWING SUPERVISOR (Print Name) WALSH, JAMES E			STAR NO 895		SIGNATURE [REDACTED]		DATE REVIEWED 08-JAN-2015 00:02:32		TIME			
CPD-1137 (REV. 10/07)												

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

R/LT spoke with the offender in the processing area of the 007th District lock-up. The offender understood why he was arrested and had no complaints.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

CL# [REDACTED] obtained per department policy. Based upon the information available at this time, the actions of Officer Smith are in compliance with the procedures and directives of the Chicago Police Department.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1073274 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BETZ, DAVID C

SIGNATURE

DATE COMPLETED

TIME

08-JAN-2015 02:31:04

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

IOD REPORT

CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No

2

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 07-JAN-2015		TIME 19:47:00	2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 303	4 BEAT/OCCUR 0712				
MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	5 POSITION 9161	6 LAST NAME SPAIN	7 FIRST NAME PETER N	8 STAR NO 5434	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE S	11 AGE [REDACTED]	12 HT 510	13 WT 167			
	14 DATE OF APPT 29-OCT-2007	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 007 4214E	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20 LAST NAME [REDACTED]	21 FIRST NAME [REDACTED]	22 M I D	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 D O B [REDACTED]	26 HT 506	27 WT 140				
	28 ADDRESS [REDACTED]	29 TELEPHONE NO [REDACTED]	30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34 BY WHOM? [REDACTED]	35 CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36 CHARGES PLACED 520 ILCS 5.0/1.22, 625 ILCS 5.0/4-103-A-1	37 CB NO [REDACTED]	IR NO [REDACTED]	DNA					
	38 SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		39 MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		40 ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		41 ASSAULTANT ASSAULT IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		42 ASSAULTANT BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		43 ASSAULTANT DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
	44 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		45 ADDITIONAL INFORMATION MEMBER WAS NOT INJURED AS A RESULT OF THE PERFORMANCE OF THE TRR. MEMBER WAS INJURED AFTER BEING STRUCK BY A VEHICLE DURING THE COURSE OF THE TRR.									
	46 POSITION [REDACTED]		47 STAR NO [REDACTED]		48 UNIT [REDACTED]		49 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		50 WEATHER CONDITIONS SNOW			
	51 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		52 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		53 MAKE/MANUFACTURER [REDACTED]		54 MODEL [REDACTED]		55 BARREL LENGTH [REDACTED]		56 CALIBER/GAUGE [REDACTED]	
57 TASER DART ID NO [REDACTED]		58 WEAPON SERIAL No (Include Letters) [REDACTED]		59 CHICAGO GUN REG NO [REDACTED]		60 IL FIREARM OWNER ID NO [REDACTED]		61 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]				
62 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____		63 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		64 NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		65 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____		66 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT				
67 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____		70 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
71 CASE INFO NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT /DIST OF OCCUR <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report												
72 SIGNATURES 73 REPORTING MEMBER (Print Name) SPAIN, PETER N 08-JAN-2015 00:28:22												
74 REVIEWING SUPERVISOR (Print Name) WALSH, JAMES E STAR NO 895 SIGNATURE [REDACTED]												
DATE REVIEWED 08-JAN-2015 00:34:11 TIME [REDACTED]												
CPD-1137 (REV. 10/07)												

CPD 0094950

LIEUTENANT OR ABOVE/OCIC REVIEW

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77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BETZ, DAVID C

SIGNATURE

DATE COMPLETED

TIME

08-JAN-2015 02:31:47

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

IOD REPORT

CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No

2

CHICAGO POLICE DEPARTMENT

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

FINAL APPROVAL

CB #:

IR #:

YD #:

RD #:

EVENT #:

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Male	[REDACTED]
	Res: [REDACTED]	Black 5' 07" 145 lbs Brown Eyes Black Hair Dreadlocks Hair Style Dark Brown Complexion	
DOB: 14 March 1995	Beat: 932		
AGE: 19 years			
POB: Illinois			
ARMED WITH: Unarmed			
INCIDENT	Arrest Date: 07 January 2015 19:58 Location: [REDACTED]	TRR Completed? Yes Beat: 712	Total No Arrested: 4 Co-Arrests Dependent Children? No DCFS Ward? No
CHARGES	1 Offense As Cited 625 ILCS 5.0/4-103-A-1 RECEIVE/POSSESS/SELL STOLEN VEHICLE Class 2 - Type F	Victim Alamo, Sandy	
	2 Offense As Cited 520 ILCS 5.0/1.22 RESIST/OBSTRUCT OFFICER Class A - Type M	State Of Illinois	
FELONY REVIEW	Felony Review: Approved 07 JAN 2015 23:36	Jennings, Mary	State's Attorneys's Office
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED		

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: [REDACTED]	Beat: 933	Injured? No	Deceased? No
Res: [REDACTED]		Hospitalized? No	
		Comments: Treated and Released? No	

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS	Beat: 532	Injured? No	Deceased? No
Res: 11615 S Indiana Ave Chicago, IL 60628		Hospitalized? No	
		Comments: P O Pete Spain #5434	
		Treated and Released? No	

ARRESTEE VEHICLE

Vehicle: VEHICLE IMPOUNDED: 2001 Automobile - Dodge - Caravan - Van/Panel Or V/P Trailer - Vmo Must Be Tk	VIN#:	Lic#:	[REDACTED] IL
Color: Blue (Top) / Blue (Bottom)		Inv#:	
Pound#:			
Disposition:			

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR	[REDACTED]	NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.
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INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

ABOVE ARRESTED IN THAT A/O'S CONDUCTED A LEADS INQUIRY ON THE ABOVE VEHICLE, WHICH REVEALED IT TO BE STOLEN. A/O'S ATTEMPTED TO CURB THE VEHICLE, AT WHICH TIME THE ARRESTEE (DRIVER) FLED FROM THE VEHICLE. A/O'S SPAIN, SMITH, AND O'SHEA PURSUED THE OFFENDER ON FOOT. DURING THE PURSUIT, A/O SMITH DEPLOYED A TASER, STRIKING THE ARRESTEE, CAUSING THE ARRESTEE TO FALL TO THE GROUND. A/O SPAIN AND O'SHEA THEN ATTEMPTED TO PLACE THE ARRESTEE INTO CUSTODY AT WHICH TIME THE ARRESTEE TENSED UP AND FLAILED HIS ARMS. IN RESPONSE TO THIS, A/O SPAIN PERFORMED OPEN HAND STRIKES TO THE SHOULDER AND ARMS OF THE ARRESTEE IN ORDER TO EFFECT THE ARREST. ARRESTEE THEN BECAME COMPLIANT, AND WAS PLACED INTO CUSTODY AND TRANSPORTED TO THE 007TH DISTRICT. A/O'S INSPECTED THE OFFENDER'S VEHICLE AT WHICH TIME THEY OBSERVED THE COLUMN HAD BEEN PUNCHED/PEELED. NAME CHECK CLEAR, INVESTIGATIVE ALERTS CLEAR, GIPP/TRAPP CLEAR.

ARREST REPORTING

COURT INFO

Desired Court Date: 16 January 2015
Branch: 48-2 155 W 51ST ST - Room
Court Sgt Handle? No
Initial Court Date: 08 January 2015
Branch: CBC-1 2600 S CALIFORNIA - Room100
Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: [REDACTED] MONTESDEOCA, J [REDACTED] 08 JAN 2015 01 45

ARRESTING OFFICER(S):

1st Arresting Officer: [REDACTED] MONTESDEOCA, J [REDACTED] Beat 0743
2nd Arresting Officer: [REDACTED] MOSER, E M [REDACTED] 0743

APPROVING SUPERVISOR:

Approval of Probable Cause : [REDACTED] HINDMAN, D M [REDACTED] 08 JAN 2015 02 54

ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

VISITOR LOG

Holding Facility: District 007 Lockup	Time Last Fed:		
Received in Lockup: 08 January 2015 03 33	Time Called: 08 January 2015 03 40		
Prints Taken: 08 January 2015 03 23	Cell #: 6		
Palmprints Taken: Yes			
Photograph Taken: 08 January 2015 03 43	Transport Details : 2PO 0771 07-JAN-2015 20 00		
Released from Lockup:			
VISUAL CHECK OF ARRESTEE			
Is there obvious pain or injury?	No	Presently taking medication?	No
Is there obvious signs of infection?	No	(if female)are you pregnant?	
Under the influence of alcohol/drugs?	No	First time ever been arrested?	No
Signs of alcohol/drug withdrawal?	No	Attempted suicide/serious harm?	No
Appears to be despondent?	No	Serious medical or mental problems?	No
Appears to be irrational?	No	Are you receiving treatment?	No
Carrying medication?	No	Transgender/intersex/gender non-conforming?	No
		Deaf/hard of hearing-request interpreter for court?	No
		Interpreter needed? (indicate language)	No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

MOVEMENT LOG INFORMATION NOT AVAILABLE

Watch Commander Comments:

REL W/o CHARGING

DOES NOT APPLY TO THIS ARREST

ARRESTEE PROCESSING PERSONNEL:

	Beat
Searched By:	MOTLEY, O C
Lockup Keeper:	PRICE, D J
Assisting Arresting Officer:	ANDEREGG
Assisting Arresting Officer:	ESTRADA, M
Assisting Arresting Officer:	OCAMPO, S
Assisting Arresting Officer:	GUERRERO
Assisting Arresting Officer:	O SHEA, C
Assisting Arresting Officer:	MARANO, N
Assisting Arresting Officer:	SMITH, T H
Assisting Arresting Officer:	SPAIN, P N
Assisting Arresting Officer:	STRAKA, D
Fingerprinted By:	RICHARDSON

APPROVAL PERSONNEL:

	Beat
Final Approval of Charges :	BLYSKAL, D M(

08 JAN 2015 05 06

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD #:

EVENT #:

RE-OPENED

IUCR: 0910 - Motor Vehicle Theft - Automobile

Beat: 0933

Unit Assigned: 9169

Occurrence Location:

RO Arrival Date: 07 January 2015 18:25

Occurrence Date: 07 January 2015 17:00

Offenders: 1

VICTIM - Individual

Name: [REDACTED]

Demographics

Res: [REDACTED]

Beat: 0933

Female

Age: 36 Years

[REDACTED]

Beat: 5100

Sobriety: Sober

Other Communications and Availability

Residence 312-972-5466

Phone: 09:00:00 - 22:00:00

Available Time

LAST PERSON DRIVING VEHICLE

Name: [REDACTED]

Beat: 0933

Res: [REDACTED]

Beat: 5100

Suspect # 1

Name: OFFENDER(S)-NO DETAILS

Demographics

RELATIONSHIP

(Victim)

(Offender)

[REDACTED] is a Unknown of

OFFENDER(S)-NO DETAILS

DOMESTIC INFO

VEHICLE #1

Vehicle: 2001 Dodge - Caravan - Automobile **Damaged?** No **Owner:** [REDACTED]
Style: Vanette, (Metro,Step Van, Handy Van) **Possessor/User:** [REDACTED]
Color-Top/Bottom: Blue/Blue **Theft From?** No **Towed?** No
VIN#: [REDACTED] **Burned?** No
License Plate #: [REDACTED] - Illinois - Passenger Car **Destroyed?** No
Expires: 01-March-2015 **Recovered?** No
Stolen? Yes

City License: [REDACTED]
Expires: 01-March-2015
City License Verified? No
VIN Verified?
Insurance Company: Unknown

Doors Locked? Yes

Ignition Locked? No

Keys in Vehicle? No

Victim Whereabouts: Home

NARRATIVE
 EVENT [REDACTED] IN SUMMARY VICTIM WENT TO HER VEHICLE AND FOUND IT MISSING FROM WHERE SHE PARKED IT, VICTIM WOULD LIKE TO BE NOTIFIED IF FOUND.

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	2013	[REDACTED]	YOUNG, Ray, W	[REDACTED]	08 Jan 2015 14:17	376	
Reporting Officer	10477	[REDACTED]	CHAVEZ, Kelley, A	[REDACTED]	07 Jan 2015 18:56	376	9169

EVIDENCE[®] SYNC[™] OFFLINE

DEVICE REPORT

ECD Information

Model #: TASER_ECD_X2

Serial #: ZZX3005TC

Firmware Version: FWBundle Rev. 03.033

Device Health: Good

Offline Report

Date:

08 Jan 2015 00:21:50

Local Timezone:

Central Standard Time (UTC -6:00)

Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
01/02/2015 15:14:22	01/02/2015 09:14:22	Armed	C1: 25' Standard C2: 25' Standard		22°C 22°C	70% 70%
01/02/2015 15:14:23	01/02/2015 09:14:23	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		70% 70%
01/02/2015 15:14:24	01/02/2015 09:14:24	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	22°C 22°C	70% 70%
01/02/2015 23:31:41	01/02/2015 17:31:41	Armed	C1: 25' Standard C2: 25' Standard		25°C 25°C	70% 70%
01/02/2015 23:31:42	01/02/2015 17:31:42	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	24°C 24°C	70% 70%
01/03/2015 15:13:08	01/03/2015 09:13:08	Armed	C1: 25' Standard C2: 25' Standard		25°C 25°C	70% 70%
01/03/2015 15:13:10	01/03/2015 09:13:10	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		70% 70%
01/03/2015 15:13:10	01/03/2015 09:13:10	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	25°C 25°C	70% 70%
01/03/2015 15:25:07	01/03/2015 09:25:07	Armed	C1: 25' Standard C2: 25' Standard		25°C 25°C	70% 70%
01/03/2015 15:25:08	01/03/2015 09:25:08	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	25°C 25°C	70% 70%
01/03/2015 23:29:19	01/03/2015 17:29:19	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	70% 70%
01/03/2015 23:29:20	01/03/2015 17:29:20	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	23°C 23°C	70% 70%
01/04/2015 06:36:07	01/04/2015 00:36:07	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	70% 70%
01/04/2015 06:36:08	01/04/2015 00:36:08	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	23°C 23°C	70% 70%
01/04/2015 13:58:55	01/04/2015 07:58:55	Armed	C1: 25' Standard C2: 25' Standard		21°C 21°C	70% 70%
01/04/2015 13:58:56	01/04/2015 07:58:56	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		70% 70%
01/04/2015 13:58:57	01/04/2015 07:58:57	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	21°C 21°C	70% 70%
01/05/2015 00:25:12	01/04/2015 18:25:12	Armed	C1: 25' Standard C2: 25' Standard		21°C 21°C	70% 70%
01/05/2015 00:25:13	01/04/2015 18:25:13	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	21°C 21°C	70% 70%
01/05/2015 14:19:33	01/05/2015 08:19:33	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	70% 70%
01/05/2015 14:19:35	01/05/2015 08:19:35	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		70% 70%
01/05/2015 14:19:36	01/05/2015 08:19:36	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	23°C 23°C	70% 70%
01/06/2015 14:43:01	01/06/2015 08:43:01	Armed	C1: 25' Standard C2: 25' Standard		21°C 21°C	70% 70%

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
01/06/2015 14:43:02	01/06/2015 08:43:02	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	21°C 21°C	70% 70%
01/06/2015 14:43:06	01/06/2015 08:43:06	Armed	C1: 25' Standard C2: 25' Standard		21°C 21°C	70% 70%
01/06/2015 14:43:06	01/06/2015 08:43:06	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		70% 70%
01/06/2015 14:43:07	01/06/2015 08:43:07	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	21°C 21°C	70% 70%
01/07/2015 23:22:30	01/07/2015 17:22:30	Armed	C1: 25' Standard C2: 25' Standard		21°C 21°C	70% 70%
01/07/2015 23:22:31	01/07/2015 17:22:31	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	22°C 22°C	70% 70%
01/07/2015 23:22:32	01/07/2015 17:22:32	Armed	C1: 25' Standard C2: 25' Standard		21°C 21°C	70% 70%
01/07/2015 23:22:33	01/07/2015 17:22:33	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	21°C 21°C	70% 70%
01/08/2015 01:43:26	01/07/2015 19:43:26	Armed	C1: 25' Standard C2: 25' Standard		16°C 16°C	70% 70%
01/08/2015 01:43:27	01/07/2015 19:43:27	Trigger	C1: Deployed	5s		70% 70%
01/08/2015 01:43:42	01/07/2015 19:43:42	Safe	C1: Deployed C2: 25' Standard	16s 16s	18°C 18°C	70% 70%
01/08/2015 06:12:42	01/08/2015 00:12:42	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		24°C 24°C	0% 0%
01/08/2015 06:13:30	01/08/2015 00:13:30	Time Sync		01/08/2015 00:13:30 to 01/08/2015 00:16:15		
01/08/2015 06:21:11	01/08/2015 00:21:11	Time Sync		01/08/2015 00:21:11 to 01/08/2015 00:21:12		